

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

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 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>WOMEN SPEAK OUT PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on

Full Name of Payee <b>Campaign HQ</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 27 / 2020</b>
Mailing Address <b>PO Box 257</b>		Amount <b>11833.36</b>
City <b>Brooklyn</b>	State <b>IA</b>	Zip Code <b>52211</b>
Purpose of Expenditure <b>Phone Calls</b>	Category/Type	Transaction ID : <b>SE.23509</b> Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 27 / 2020</b>
Name of Federal Candidate <b>TRUMP, DONALD J., ,</b>		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Campaign HQ</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 27 / 2020</b>
Mailing Address <b>PO Box 257</b>		Amount <b>11833.36</b>
City <b>Brooklyn</b>	State <b>IA</b>	Zip Code <b>52211</b>
Purpose of Expenditure <b>Phone Calls</b>	Category/Type	Transaction ID : <b>SE.23510</b> Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 27 / 2020</b>
Name of Federal Candidate <b>BIDEN, JOSEPH R JR., ,</b>		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>23666.72</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

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**10 / 28 / 2020**

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
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NAME OF COMMITTEE (In Full) <b>WOMEN SPEAK OUT PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Campaign HQ</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 27 / 2020</b>	
Mailing Address <b>PO Box 257</b>		Amount <b>593.91</b>	
City <b>Brooklyn</b>	State <b>IA</b>	Zip Code <b>52211</b>	Transaction ID : <b>SE.23513</b>
Purpose of Expenditure <b>Phone Calls</b>	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 27 / 2020</b>	
Name of Federal Candidate <b>TILLIS, THOM R. SEN., , ,</b>		<input checked="" type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: _____ <input type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <b>NC</b>	
Calendar Year-To-Date Per Election for Office Sought <b>421607.67</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <b>Campaign HQ</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 27 / 2020</b>	
Mailing Address <b>PO Box 257</b>		Amount <b>593.91</b>	
City <b>Brooklyn</b>	State <b>IA</b>	Zip Code <b>52211</b>	Transaction ID : <b>SE.23514</b>
Purpose of Expenditure <b>Phone Calls</b>	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 27 / 2020</b>	
Name of Federal Candidate <b>CUNNINGHAM, CAL, , ,</b>		<input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: _____ <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <b>NC</b>	
Calendar Year-To-Date Per Election for Office Sought <b>422201.58</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>1187.82</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

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**(Schedule E)**

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NAME OF COMMITTEE (In Full) <b>WOMEN SPEAK OUT PAC</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00530766       </div>
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		

Full Name of Payee <b>Campaign HQ</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 27 / 2020	
Mailing Address PO Box 257		Amount 914.89	
City Brooklyn	State IA	Zip Code 52211	Transaction ID : SE.23515
Purpose of Expenditure Phone Calls	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 27 / 2020	
Name of Federal Candidate MCSALLY, MARTHA, , ,		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AZ</u>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ►	

Full Name of Payee <b>Campaign HQ</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 27 / 2020	
Mailing Address PO Box 257		Amount 914.89	
City Brooklyn	State IA	Zip Code 52211	Transaction ID : SE.23516
Purpose of Expenditure Phone Calls	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 27 / 2020	
Name of Federal Candidate KELLY, MARK, , ,		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AZ</u>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ►	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ►	1829.78
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ►	
(c) <b>TOTAL</b> Independent Expenditures..... ►	

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NAME OF COMMITTEE (In Full) <b>WOMEN SPEAK OUT PAC</b>		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00530766</div>	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>	

Full Name of Payee <b>Campaign HQ</b>		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> 10 / 27 / 2020	
Mailing Address PO Box 257		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">2053.18</div>	
City Brooklyn	State IA	Zip Code 52211	Transaction ID : SE.23517
Purpose of Expenditure Phone Calls		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> 10 / 27 / 2020
Name of Federal Candidate JAMES, JOHN, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MI
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ► _____	

Full Name of Payee <b>Campaign HQ</b>		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> 10 / 27 / 2020	
Mailing Address PO Box 257		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">2053.18</div>	
City Brooklyn	State IA	Zip Code 52211	Transaction ID : SE.23518
Purpose of Expenditure Phone Calls		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> 10 / 27 / 2020
Name of Federal Candidate PETERS, GARY, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MI
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ► _____	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ►	<div style="border: 1px solid black; padding: 2px; display: inline-block;">4106.36</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ►	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) <b>TOTAL</b> Independent Expenditures..... ►	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

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NAME OF COMMITTEE (In Full) <b>WOMEN SPEAK OUT PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00530766       </div>
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <span style="margin-left: 20px;"><input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on</span> <div style="display: flex; justify-content: flex-end; gap: 10px;"> <div style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</div> </div>	

Full Name of Payee <b>Campaign Inbox</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: flex-end; gap: 10px;"> <div style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</div> </div>		
Mailing Address 601 New Jersey Ave NW Suite 400			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">1750.00</div>		
City Washington	State DC	Zip Code 20001	<b>Transaction ID : SE.23511</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: flex-end; gap: 10px;"> <div style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</div> </div>		
Purpose of Expenditure Email Communication (estimate)		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	Name of Federal Candidate TRUMP, DONALD J., ,		
<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____			
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">5305096.25</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ► _____		

Full Name of Payee <b>Campaign Inbox</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: flex-end; gap: 10px;"> <div style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</div> </div>		
Mailing Address 601 New Jersey Ave NW Suite 400			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">1750.00</div>		
City Washington	State DC	Zip Code 20001	<b>Transaction ID : SE.23512</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: flex-end; gap: 10px;"> <div style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</div> </div>		
Purpose of Expenditure Email Communication (estimate)		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	Name of Federal Candidate BIDEN, JOSEPH R JR., ,		
<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____			
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">5306846.25</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ► _____		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ►	<div style="border: 1px solid black; padding: 2px; display: inline-block;">3500.00</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ►	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>
(c) <b>TOTAL</b> Independent Expenditures..... ►	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

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FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>WOMEN SPEAK OUT PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee <b>Nebo Media</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 27 / 2020
Mailing Address PO Box 9625		Amount 20000.00
City Arlington	State VA	Zip Code 22219
Purpose of Expenditure Digital Media Production / Digital Media Placement	Category/ Type	Transaction ID : SE.23519 Date of Disbursement or Obligation MM / DD / YYYY 10 / 26 / 2020
Name of Federal Candidate WAGNER, ANN L., ,	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House    District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate    State: MO
Calendar Year-To-Date Per Election for Office Sought	53830.70	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Nebo Media</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 27 / 2020
Mailing Address PO Box 9625		Amount 20000.00
City Arlington	State VA	Zip Code 22219
Purpose of Expenditure Digital Media Production / Digital Media Placement	Category/ Type	Transaction ID : SE.23520 Date of Disbursement or Obligation MM / DD / YYYY 10 / 26 / 2020
Name of Federal Candidate SCHUPP, JILL DARLYNE, ,	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House    District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate    State: MO
Calendar Year-To-Date Per Election for Office Sought	73830.70	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	40000.00
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	74290.68

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